

Title	Neisseria meningitidis
Specimen Requirements	Preferred Specimen Pure viable culture on blood agar or other appropriate medium. Volume/Amount Required one culture per patient.
Sampling Materials	Sample Container: Agar slant in screw cap tube
Procedural Notes	<ol style="list-style-type: none"> 1. Be sure to properly label the culture tube with the patient's name, date of collection?date sent. 2. Check the expiration date on the tube to ensure product is acceptable and will continue to be acceptable once received at the ISDH laboratory. 3. Category B UN3373, Triple contained in accordance with federal shipping regulations for infectious agents. 4. Complete a Reference Bacteriology Culture Identification request form for each culture with the following information: <ol style="list-style-type: none"> a. Name, sex, age of patient b. Specimen type and date of specimen collection c. Date of symptom onset d. Suspected disease agent e. Relevant comments which may included travel history or patient history f. Submitting clinic information-clinic name, address, phone number, fax number, contact name and email address (if available). g. Submitter eligibility: Approval by ISDH Epidemiology SID 317-234-2807
Shipping Instructions	<p>Triple contained in accordance with federal shipping regulations for infectious agents. See procedural note #3.</p> <ol style="list-style-type: none"> 1. Tighten the culture tube cap. Best to wrap tape around cap to help seal from any leakage. 2. Label clearly on the outside of the container/tube with the patient name, collection date/date sent. 3. Wrap this primary container with absorbent material. Place the primary container with absorbent material in the inner mailing container and tighten the cap securely. 4. The completed request form may then be wrapped around the sealed inner container and together enclosed securely in an outer shipping container clearly labeled with senders name/address and recipients name/address. 5. Do not send culture isolates on petri plates if submitting by mail. <p>ISDH Reference Bacteriology request form for mail submissions. Transport Temperature: 2-25°C</p>
Reporting and TAT	<p>Reporting Method: Mail TAT: 3-16 business days.</p> <p>Test Referral. Isolates may be forwarded to the CDC for additional testing.</p>